

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: _____

American Association for the Advancement of Science

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): AAAS

Address of Service Provider: 1200 New York Avenue NW, Washington DC, 20005

Name of Agent Designated to Receive

Notification of Claimed Infringement: Peyton M. West

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Room 707, AAAS, 1200 New York Avenue NW, Washington DC, 20005

Telephone Number of Designated Agent: 202-326-6727

Facsimile Number of Designated Agent: 202-289-4950

Email Address of Designated Agent: pwest@aaas.org

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 3/30/09

Typed or Printed Name and Title: Peyton M. West, Senior Program Associate

SEARCHED 05 13-2009

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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